## DEPARTMENT OF THE AIR FORCE

\*\*\* Add your unit's specific letter head



**DATE** 

| MEMOR ANDUM FOR |   |
|-----------------|---|
|                 | ) |

FROM:

SUBJECT: Travel Authorization and Use of Funds

- 1. Use of <name of unit> funds is approved for <Rank, Name> to travel to <Location> on <Date>.
  - a. Tour Type:
  - b. Duty Location:
  - c. Purpose:
  - d. Approximate Number of Duty Days:
  - e. Proceed Date:
  - f. Estimated Cost:
  - g. Authorization Not to Exceed:
  - h. Government Mess (Available/Not Available):
  - i. Fund Cite for Travel:
  - j. M4S Generated Document Number(s)/Task ID Number(s):
  - k. Rental Car Authorized (YES/NO):
  - 1. Assigned Supervisor Name / DSN:
  - m. Special Authorizations:
- 2. You must check with the on-base lodging office for availability of quarters if temporary duty location is at military installation. If lodging is not available, obtain either a contract quarters authorization letter or statement of non-availability.
- 3. Immediately after the orders have been prepared and certified, please send a copy to John Doe, john.doe@us.af.mil.
- 4. If you need any assistance with this funding, please call me at DSN XXX-XXXX or commercial (XXX) XXX-XXXX.

| X |  |  |
|---|--|--|